

Sheet 1 of 3 Attorney

Docket No.: AK-334XX

DECLARATION AND POWER OF ATTORNEY

As	а	below-named	inventor,	I	hereby	declare	that:
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My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method for stretch blow molding wide-mouthed container

entitled: Method for streto	ch blow molding wide-mou	thed container
the specification of which (ch	eck one):	
[x] is attached hereto. [] w	vas filed as Appli nmended on(i	ication No f applicable).
[]] was filed as PCT Internati and was amended under PCT EN	onal Application No Article 19 on	on(if applicable).
Hi hereby state that I have relation, included above.	reviewed and understand luding the claims, as amer	the contents of the above ded by any amendment referre
Eacknowledge the duty to disc of this application in accorda L1	close information which is nce with Title 37, Code of	material to the patentabili Federal Regulations \$1.56(a)
hereby claim foreign prio preign application(s) for pat identified below any foreign a faling date before that of the	ent or inventor's certific application for patent or i	ate listed below and have al: nventor's certificate having
Prior Foreign Application(s)	Date Filed	Priority Claimed
11-310021 Japan (Number) (Country)	29/10/99 (Day/Month/Year)	[x] [] Yes No
(Number) (Country)	(Day/Month/Year)	[] [] Yes No
I hereby claim the benefit provisional application(s) list		119(e) of any United State
(Application Number)	(Filing Date)	
(Application Number)	(Filing Date)	
(Application Number)	(Filing Date)	
Application Number)	(Filing Date)	

Express Mail Number

EL 418 428 674 US

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I hereby claim the benefit under Title 35 USC \$120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Féderal Regulations, \$1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Stanley M. Schurgin, Reg. No. 20,979 Charles L. Gagnebin III, Reg. No. 25,467 Paul J. Hayes, Reg. No. 28,307 Victor B. Lebovici, Reg. No. 30,864

Eugene A. Feher, Reg. No. 33,171 Beverly E. Hjorth, Reg. No. 32,033 Holliday C. Heine, Reg. No. 34,346 Gordon R. Moriarty, Reg. No. 38,973

Address all correspondence to:

WEINGARTEN, SCHURGIN, GAGNEBIN & HAYES LLP

Ten Post Office Square Boston, Massachusetts 02109 Telephone: (617) 542-2290 Telecopier: (617) 451-0313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor: Kenji Ikeda			
City of Residence Nagano-ken	State or Country Japan	Country of Citizenship Japan	
Post Office Address: c/o A.K.Technical Laboratory, Inc., 4963-3, Ohazaminamijo, Sakakimachi, Hanishina-gun	City Nagano-ken	State or Country Zip Code Japan	
Signature: (Please sign and date in X	Date signed: X August 8, 2000		

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Full Name of Second Inventor: Takashi Shimogata			
City of Residence Nagano-ken	State or Country Japan	Country of Citizenship Japan	
Post Office Address: c/o A.K.Technical Laboratory, Inc., 4963-3, Ohazaminamijo, Sakakimachi, Hanishina-gun	City Nagano-ken	State or Country Zip Code Japan	
Signature: (Please sign and date in X	Date signed: X August 8, 2000		

Full Name of Third Inventor:			
City of Residence	State or Country Japan	Country of Citizenship Japan	
Post Office Address	City	State or Country Zip Code Japan	
Signature: (Please sign and date in permanent ink.)		Date signed: X	

Full Name of Fourth Inventor:				
City of Residence	State or Country Japan	Country of Citizenship Japan		
Post Office Address	City	State or Country Zip Code Japan		
Signature: (Please sign and date in X	Date signed: X			